08047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8044

CERTIFICATE OF DEATH

Reg. Dist. No. 2-52

1. PLACE OF DEATH: COUNTY Queen Anne. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location) Kidwell Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Carroll (Last) Connolly
4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 29, 1883
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Farm.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Francis Connolly
14. MOTHER'S MAIDEN NAME: Sarah Ellen Golt.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-20-7463-A
17. INFORMANT AND ADDRESS Daughter Mrs. Rita Eyring, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure.	15 min'
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial insufficiency	3 mos.
	(c) Arteriosclerotic cardiovascular disease	Years.

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Aug. 6, 1955, that I last saw the deceased alive on Aug. 4, 1955, and that death occurred at 11:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. Wm. Martin, Jr.	M.D.	Queenstown, Md.	Aug. 6, 1955

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 9. 1955	St Josephs Church	Cardova Talbot Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-8-55	Elsie Armstrong	Baxter Bro.	Centreville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08048 254

8045

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville — LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) EARLE (Last) COURSEY

4. DATE OF DEATH: (Month) Aug (Day) 2 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 4 - 1895

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Public Official

11. BIRTHPLACE (State or foreign country): Grasonville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Otho Coursey

14. MOTHER'S MAIDEN NAME: Alice Virginia R Loden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW#1

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Katherine L Coursey Grasonville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 451X

Immediate cause (a) Ruptured aortic aneurism

DUE TO

Antecedent cause(s) (b) Advanced arteriosclerosis.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19......, to ...., 19......., that I last saw the deceased alive on ...., 19......, and that death occurred at ....m., from the causes and on the date stated above. Pathologist

SIGNATURE C.J. Schmidt (DEGREE OR TITLE) M.D. ADDRESS Memorial Hosp. Easton DATE SIGNED 3 Aug 1955

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Aug 5-55 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. Aug. 4 - 1955 REGISTRAR'S SIGNATURE Helen M. Aldridge

24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08049

8046

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 5

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND Md.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Ingleside
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ingleside X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) REBECCA (Last) FURBUSH

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: June 3-1883 | 9. AGE last birthday 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Wiggins
14. MOTHER'S MAIDEN NAME: Sarah Everett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Alvin Furbush: Crumptons Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occulsion — 1 hour
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Arteriosclerosis — Years
DUE TO (C) Hypertension Cardiac Vascular Disease — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1955 to Aug 3, 1955 that I last saw the deceased alive on Aug 3, 1955, and that death occurred at 7.30 P M, from the causes and on the date stated above.
SIGNATURE Rodney Layton M. D. ADDRESS Centreville Md DATE SIGNED 8-6-55

23. BURIAL CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 6 | NAME OF CEMETERY OR CREMATORY Sudlersville | LOCATION (City, town, or county) Sudlersville (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 5 | REGISTRAR'S SIGNATURE Edgar L. Lane | 24. FUNERAL DIRECTOR Edgar L. Lane | ADDRESS Church Hill, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08050

8047 **CERTIFICATE OF DEATH** Reg. Dist. No. 253

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chester
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural give location) Brownsville

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) BROWN (Last) GRIFFIN

4. DATE OF DEATH: (Month) Aug (Day) 11 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Mar ? 1885

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Nr Centreville Q A Co Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Solomon Brown

14. MOTHER'S MAIDEN NAME: Margaret Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UK (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Josephine Dunn Chester Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5
IMMEDIATE CAUSE (A) DUE TO Obstruction of the bowel

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic Valvular disease of the heart

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/4, 19 55, to 8/11, 19 55, that I last saw the deceased alive on 8/4, 19 55, and that death occurred at 8:22 A. M, from the causes and on the date stated above.

SIGNATURE H. B. McPherson M. D. ADDRESS Centreville Md DATE SIGNED 8/13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug 13-55 | NAME OF CEMETERY OR ~~CREMATORY~~ Brownsville | LOCATION (City, town, or county) Brownsville (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 13, 1955 | REGISTRAR'S SIGNATURE Elizabeth Hayter

24. FUNERAL DIRECTOR Baxter Bros ADDRESS Centreville Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

8043

08051

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural - Grasonville; LENGTH OF STAY (in this place) 62 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Queen Anne; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Grasonville. X; STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Wilson (Last) Hargraves

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 11, 1893

9. AGE last birthday: 62 yrs. If under 1 year: Months 2; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Hadrick

14. MOTHER'S MAIDEN NAME: Saddelia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-03-7534

17. INFORMANT AND ADDRESS Beulah Warren Daughter Phila., Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 162X Myocardial insufficiency	3-4 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary edema	6-7 days.
	(c) Bronchogenic carcinoma	12 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to Aug. 12, 1955, that I last saw the deceased alive on Aug. 12, 1955, and that death occurred at 11 58 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. Wm. Martin, Jr. M.D. Queenstown, Md. 8/12/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Aug. 16, 1955; NAME OF CEMETERY OR CREMATORY: Bryans Chapel Cemetery; LOCATION (City, town, or county) (State): Queenstown, Md.

DATE REC'D BY LOCAL REG.: Aug. 16-1955; REGISTRAR'S SIGNATURE: Helen M. Eldridge

24. FUNERAL DIRECTOR: John D. Williams; ADDRESS: Easton, Md.

8249

08052
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 252

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Centreville
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anne's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Devine (Last) Kerns 3rd

4. DATE OF DEATH (Month) Aug. (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 7 1920

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Mill work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward O. Kerns Jr

14. MOTHER'S MAIDEN NAME: Manila H. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 220-05-2331

17. INFORMANT & ADDRESS: Mrs Mildred Carroll Kerns, Centreville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning (accidental) — Interval between onset and death:

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑ Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Henry Fisher Centreville Md M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 25 1955

NAME OF CEMETERY OR CREMATORY Saters Cemetery

LOCATION (City, town, or county) (State) Baltimore County, Maryland

DATE REC'D BY LOCAL REG. 8-25-55

REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Maryland

VS. A15A - 5 - 53

8050

08055

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
X COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Sudlersville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sudlersville RFD X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Wm (Middle) Scott (Last) Roberts

4. DATE OF DEATH (Month) Aug (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED,~~ ~~WIDOWED,~~ ~~DIVORCED,~~ (Specify):

8. DATE OF BIRTH: Nov 5 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Findley Roberts

14. MOTHER'S MAIDEN NAME: Armenta Preese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss Ella Roberts - sister Sudlersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

4.42.X

Immediate cause (a) Cardio-renal disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒ Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Harry Fisher M.D. Centreville Md M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 8/25/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 27

NAME OF CEMETERY OR CREMATORY Sudlersville

LOCATION (City, town, or county) Sudlersville (State) Md

DATE REC'D BY LOCAL REG. Aug 25

REGISTRAR'S SIGNATURE Edgar L. Lore

24. FUNERAL DIRECTOR Edgar L. Lore ADDRESS Church Hill Md.

VS. A15A - 5 - 53

8^52

08054
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X near Carmichael Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Caroline
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Ridgely 05X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Melvin (Last) Smith

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: OCT 30-1911

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alec Smith

14. MOTHER'S MAIDEN NAME: Emma Patters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-24-4266

17. INFORMANT & ADDRESS: Elsie Griffin-Ridgely Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval between onset and death)

981X

Immediate cause (a) Gunshot wound of chest - Homicide DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☑ ~~No~~ ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21c. (City or town) near Carmichael (County) 2a (State) Md

21d. TIME OF INJURY (Month) Aug (Day) 20 (Year) 1955 (Hour) 7 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☑, ~~Undetermined cause~~ ☐.

SIGNATURE W. Henry Fisher M.D. Centreville Md. M.D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/22/55

23. ~~BURIAL~~, ~~CREMATION~~, REMOVAL (Specify): Burial

DATE THEREOF Aug. 23-1955

NAME OF CEMETERY OR CREMATORY Denton Cemetery

LOCATION (City, town, or county) Denton, (State) Maryland

DATE REC'D BY LOCAL REG. Aug. 21-1955

REGISTRAR'S SIGNATURE Helen M. Aldridge

24. FUNERAL DIRECTOR Barton Bros. ADDRESS Centreville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08053

8051 CERTIFICATE OF DEATH Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Queen Annes MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Queenstown
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY Buncombe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Black Mountain 70X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDWARD (Last) SYLVESTER

4. DATE OF DEATH: (Month) August (Day) 9 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: NOV-24-1886

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store

11. BIRTHPLACE (State or foreign country): QA Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Edward Slyvester

14. MOTHER'S MAIDEN NAME: Rachael Van Saut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 241-05-4641

17. INFORMANT & ADDRESS: Mrs Olive Farrell Queenstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.2
Immediate cause (a) Acute Cardiac Dilatation

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac asthma

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7- 1955, to 8/9- 1955, that I last saw the deceased alive on 8/8- 1955, and that death occurred at 4:a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Henry Fisher M.D ADDRESS Centreville Md DATE SIGNED 8/10-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug 11-55 NAME OF CEMETERY OR CREMATORY Chesterfield LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 10-55 REGISTRAR'S SIGNATURE Helen M. Aldridge

24. FUNERAL DIRECTOR ADDRESS Baxter Bros Centreville Maryland

8053 08056

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 254

1. PLACE OF DEATH:
COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Carmichael
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Queen Anne
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Queenstown R F D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Elizabeth (Middle) (Last) Warner

4. DATE OF DEATH (Month) Aug (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/12/1921

9. AGE Last birthday: 33 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Cannery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Wm Warner

14. MOTHER'S MAIDEN NAME: Carrie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wm Warner Queenstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 981X Gun shot wound through heart

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) right lung — Homicide —

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, ~~farm, factory, street, office bldg., etc.~~) OF INJURY

21c. (City or town) near Carmichael — 2. a — (County) (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 20, 1955 7. P M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒ ~~or~~ Undetermined cause ☐.

SIGNATURE W. Henry Fralier M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug 23 1955

NAME OF CEMETERY OR CREMATORY Denton Cemetery

LOCATION (City, town, or county) Denton (State) Maryland

DATE REC'D BY LOCAL REG. Aug 21 '55

REGISTRAR'S SIGNATURE Helen M. Aldridge

24. FUNERAL DIRECTOR Bolton Bros. Centreville

ADDRESS Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53